

**Issue Classification**

XXXXXXXXXXXXXXXXXXXX  
(Assistant Examiner) (Date)

**Total Claims Allowed: 11**

(Legal Instruments Examiner) (Date)

(Primary Examiner) **WILLIAM M. TREAT**  
: **PRIMARY EXAMINER**

O.G.  
Print Claim(s)

O.G. .  
Print Fig.

12☒ Claims renumbered in the same order as presented by applicant☐ CPA

☐ T.D.

□ R.1.47